

# Index of Claims



Application/Control No.

10/087,035

Examiner

Carolyn L. Smith

Applicant(s)/Patent under  
Reexamination

KINCAID, ROBERT

Art Unit

1631

|   |          |
|---|----------|
| ✓ | Rejected |
| = | Allowed  |

|   |                                |
|---|--------------------------------|
| — | (Through numeral)<br>Cancelled |
| ÷ | Restricted                     |

|   |              |
|---|--------------|
| N | Non-Elected  |
| I | Interference |

|   |          |
|---|----------|
| A | Appeal   |
| O | Objected |

| Claim |          | Date    |  |  |  |  |  |  |  |  |  |
|-------|----------|---------|--|--|--|--|--|--|--|--|--|
| Final | Original | 8/26/08 |  |  |  |  |  |  |  |  |  |
|       | 1        | ✓       |  |  |  |  |  |  |  |  |  |
|       | 2        | ✓       |  |  |  |  |  |  |  |  |  |
|       | 3        | ✓       |  |  |  |  |  |  |  |  |  |
|       | 4        | ✓       |  |  |  |  |  |  |  |  |  |
|       | 5        | ✓       |  |  |  |  |  |  |  |  |  |
|       | 6        | ✓       |  |  |  |  |  |  |  |  |  |
|       | 7        | ✓       |  |  |  |  |  |  |  |  |  |
|       | 8        | ✓       |  |  |  |  |  |  |  |  |  |
|       | 9        | ✓       |  |  |  |  |  |  |  |  |  |
|       | 10       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 11       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 12       |         |  |  |  |  |  |  |  |  |  |
|       | 13       |         |  |  |  |  |  |  |  |  |  |
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|       | 20       |         |  |  |  |  |  |  |  |  |  |
|       | 21       |         |  |  |  |  |  |  |  |  |  |
|       | 22       | ✓       |  |  |  |  |  |  |  |  |  |
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|       | 25       |         |  |  |  |  |  |  |  |  |  |
|       | 26       |         |  |  |  |  |  |  |  |  |  |
|       | 27       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 28       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 29       |         |  |  |  |  |  |  |  |  |  |
|       | 30       |         |  |  |  |  |  |  |  |  |  |
|       | 31       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 32       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 33       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 34       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 35       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 36       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 37       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 38       |         |  |  |  |  |  |  |  |  |  |
|       | 39       |         |  |  |  |  |  |  |  |  |  |
|       | 40       |         |  |  |  |  |  |  |  |  |  |
|       | 41       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 42       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 43       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 44       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 45       |         |  |  |  |  |  |  |  |  |  |
|       | 46       |         |  |  |  |  |  |  |  |  |  |
|       | 47       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 48       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 49       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 50       |         |  |  |  |  |  |  |  |  |  |

| Claim |          | Date |  |  |  |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |  |  |  |
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|       | 89       |      |  |  |  |  |  |  |  |  |  |
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|       | 94       |      |  |  |  |  |  |  |  |  |  |
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|       | 100      |      |  |  |  |  |  |  |  |  |  |

| Claim |          | Date |  |  |  |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |  |  |  |
|       | 101      |      |  |  |  |  |  |  |  |  |  |
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|       | 103      |      |  |  |  |  |  |  |  |  |  |
|       | 104      |      |  |  |  |  |  |  |  |  |  |
|       | 105      |      |  |  |  |  |  |  |  |  |  |
|       | 106      |      |  |  |  |  |  |  |  |  |  |
|       | 107      |      |  |  |  |  |  |  |  |  |  |
|       | 108      |      |  |  |  |  |  |  |  |  |  |
|       | 109      |      |  |  |  |  |  |  |  |  |  |
|       | 110      |      |  |  |  |  |  |  |  |  |  |
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|       | 112      |      |  |  |  |  |  |  |  |  |  |
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|       | 114      |      |  |  |  |  |  |  |  |  |  |
|       | 115      |      |  |  |  |  |  |  |  |  |  |
|       | 116      |      |  |  |  |  |  |  |  |  |  |
|       | 117      |      |  |  |  |  |  |  |  |  |  |
|       | 118      |      |  |  |  |  |  |  |  |  |  |
|       | 119      |      |  |  |  |  |  |  |  |  |  |
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|       | 121      |      |  |  |  |  |  |  |  |  |  |
|       | 122      |      |  |  |  |  |  |  |  |  |  |
|       | 123      |      |  |  |  |  |  |  |  |  |  |
|       | 124      |      |  |  |  |  |  |  |  |  |  |
|       | 125      |      |  |  |  |  |  |  |  |  |  |
|       | 126      |      |  |  |  |  |  |  |  |  |  |
|       | 127      |      |  |  |  |  |  |  |  |  |  |
|       | 128      |      |  |  |  |  |  |  |  |  |  |
|       | 129      |      |  |  |  |  |  |  |  |  |  |
|       | 130      |      |  |  |  |  |  |  |  |  |  |
|       | 131      |      |  |  |  |  |  |  |  |  |  |
|       | 132      |      |  |  |  |  |  |  |  |  |  |
|       | 133      |      |  |  |  |  |  |  |  |  |  |
|       | 134      |      |  |  |  |  |  |  |  |  |  |
|       | 135      |      |  |  |  |  |  |  |  |  |  |
|       | 136      |      |  |  |  |  |  |  |  |  |  |
|       | 137      |      |  |  |  |  |  |  |  |  |  |
|       | 138      |      |  |  |  |  |  |  |  |  |  |
|       | 139      |      |  |  |  |  |  |  |  |  |  |
|       | 140      |      |  |  |  |  |  |  |  |  |  |
|       | 141      |      |  |  |  |  |  |  |  |  |  |
|       | 142      |      |  |  |  |  |  |  |  |  |  |
|       | 143      |      |  |  |  |  |  |  |  |  |  |
|       | 144      |      |  |  |  |  |  |  |  |  |  |
|       | 145      |      |  |  |  |  |  |  |  |  |  |
|       | 146      |      |  |  |  |  |  |  |  |  |  |
|       | 147      |      |  |  |  |  |  |  |  |  |  |
|       | 148      |      |  |  |  |  |  |  |  |  |  |
|       | 149      |      |  |  |  |  |  |  |  |  |  |
|       | 150      |      |  |  |  |  |  |  |  |  |  |